



Sponsorship Payment Form

For sponsors and their applicants, to accompany payment

Instructions

Fill out the form and mail it with a Healthy Families application and a check or money order. Or, you can send the form and your payment after enrollment. Mail to: Healthy Families, PO Box 138005, Sacramento, CA 95813-9984.

Questions?

If you have any questions about the form, call Healthy Families: **1-866-848-9166**, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday from 8 a.m. to 5 p.m. The call is free.

Sponsor and payment:

Name:	
Sponsor ID:	
Authorized representative:	
Phone number:	
Check or money order number (one per application):	Amount: \$

I understand that as a Healthy Families Registered Sponsor, I can sponsor all eligible children in a household, all eligible children and adults in a household, or all eligible adults with children enrolled in no-cost Medi-Cal and no children in the Program.



(Sponsor's signature)

(Date)

Applicant who is being sponsored:

Family Member Number (if available):
Name:
Street address:
City, state, Zip Code:

Family members on the Healthy Families application:

Name	Date of birth (mm/dd/yy)	Social Security Number (You do not have to write this)

Applicant statement and signature:

I understand that my family is being sponsored in Healthy Families. The sponsor will pay the premium payments for 12 months in advance. My family and I must meet all program rules to stay in the Healthy Families Program. I was allowed to choose my plans from the list in the Healthy Families Handbook.



(Applicant's signature)

(Date)

Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.